

CA

07cv6375

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <b>X</b> <div style="text-align: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div>	
1. Article Addressed to:  Chief of Criminal Appeals Illinois Attorney General's Office 100 West Randolph Street, 12th Floor Chicago, IL 60601		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? If YES, enter delivery address below: <div style="text-align: center;"> <b>RECEIVED</b>  NOV 16 2007  Office Of The Attorney General  Office Services </div>	
2. Article Number (Transfer from service label)		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 0100 0001 7313 6638			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**FILED**NOV 26 2007 *ym*MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT